Michigan Association of Community Mental Health Boards

FALL 2008

Connections

for communities that care

Exit Interview

This past summer, Dave LaLumia left his post as Executive Director of MACMHB–a position he held for more than twenty-seven years–to become President and CEO of the Health Care Association of Michigan. Even as he was trying to head out the office door, Clint Galloway handed him several sheets of questions with a friendly but firm reminder that answers to these "exit interview" questions were due back at the office prior to the submission deadline for the fall edition of Connections. *With the thoughtfulness and thoroughness we've learned to admire and respect, Dave complied. On time. These are his words. And, thank you, Dave, for all you have done for MACMHB.*

Tell us about your roots that influenced and prepared you for the position you've held with MACMHB the past 27 years.

"My Mom and Dad raised three boys. While I recall many things from my childhood, one of my most vivid memories is being aware of my Dad's workplace. He was a printer and took me many times to the shops where he worked. The smell of ink, paper and newly printed documents became very familiar. So much so that every time a job came back from the printer at MACMHB, it reminded me of my Dad and his workplaces. He worked hard, lifting paper onto the presses and removing it after the job was complete. After my brothers and I got a little older, my Mom returned to the work force as well. For years she worked the night shift at the Foulds Macaroni plant in Libertyville, Illinois. Their work and the effort it took has stayed with me over the years. I grew up knowing that life took work. Those early experiences help me stick with it when a project seems like it isn't going anywhere, or when the going gets a little tough.

"We were raised in a strong Catholic family. For three years of my college career, I studied to become a priest for the Catholic Archdiocese of Chicago. It was not the reason I entered the seminary, but while there I became very aware of the social mission of the church. Voting rights, racial justice, low income housing, and community organization were a few of the issues I became involved with. There was an ecumenical group of seminary students from the various denominational seminaries serving the Chicago area that met on a regular basis to discuss these issues and get active. The City of Chicago provided a great laboratory of issues and causes. Our band of seminary students formed organizations in some of these areas. Two of the more active groups were called *Seminarians Organized for Racial Justice* and *Seminarians for Ministerial Renewal*. These were my early experiences with the power of associations. Little did I know! Both of these groups became very active, and much to the chagrin of the Cardinal and Bishops of the Archdiocese of Chicago, advanced the cause in some very public ways.

"After three great years of seminary study, the call of the wild became a little too strong and I left. But the social mission of the church and many of my issues and causes of that time guided my life for decades. They still do. After moving to Michigan in 1970 and teaching elementary school for several years, I entered the U of M School of Social Work to pursue those interests in a little more formal way."

What have you found to be the most important skills that have enabled you to guide MACMHB through nearly three decades of outstanding achievements? And, if you were to select an existing skill to nurture, or develop a new one, what would you choose?

"After completing my MSW, I quickly realized I wasn't an expert in anything. When I began to work for MACMHB in 1980, followed shortly by a contract with the Michigan Association of CMH Directors, I had to rely on members for the detail about how everything worked. Lack of specific knowledge along with a very small staff (it was just me and a part time secretary in the early days) meant that if anything of significance was going to be accomplished, there had to be a partnership between the Association and the members. That partnership has clicked over the years. I have witnessed outstanding contributions from board members, directors and staff in MACMHB committees and in Association leadership. Our Association remains unique in the extent of member participation, especially on the part of board members. The commitment of our members has been a non-stop

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Inside This Issue...

MAKING CHANGES

Clint Galloway

I grew up on a dairy farm surrounded by four generations of family all within 1/2 mile located on the land that was homesteaded in 1837. I was the first in that family to leave home and pursue a college education. Those first few months away from home were very difficult. The regularity of letters from my Mother sustained me as I made the dramatic transition from an agrarian life to the eventual culture of Boston University and subsequently the University of Edinburgh, Scotland. I was not fully conscious of the changes that had occurred until I silently walked through the 20 acre woodlot I had traversed morning and night as a boy, rounding up the cows for milking. I remember well the shock! It was not the same woods. Trees had disappeared. There were new paths and unfamiliar briar patches. It was then that I realized that nothing was permanent, not even the land. The only certainty was change. The 5th century B.C. Greek philosopher, Heraclitus, had it right, "You cannot step into the same river twice."

Our challenge is to accept the inevitability of change and cultivate the wisdom that will enable us to successfully navigate a course as the changes occur. It has become recognized that best practice in governance requires thoughtful succession plans for administrative leadership. What are the principles and values that we desire in our administrators? Where do we want them to take us? When a vacancy in leadership occurs, it is imperative that we are able to articulate our vision and mission so we can select those who will enable us to realize our objectives.

In this issue of Connections, we hear from two very significant leaders in our system: one leaving, and one assuming new leadership responsibilities. Dave LaLumia, who has served as our MACMHB Executive Director for 27 years, shares some of the values that have guided our Association during his tenure. Mike Head, the newly appointed Director of the Mental Health and Substance Abuse Administration at MDCH, shares some of the values that will guide the decisions at MDCH.

I hope you find key principles in all the articles that will enable you to be better equipped in achieving your vision. Let us become the agents of change in a world that enhances the recovery of all people we serve and support. The response to the interview of Hal Madden in our last issue was overwhelming. I believe it was because we were giving voice to one of the most notable change agents in our history. ■

e-connections

It's worth your time to check these sites...

- **http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/**

Diane Davidson, board chair at Washtenaw Community Health Organization, makes a powerful case in her article for board members to acquire education in evidence based practices (EBPs). I encourage you to visit the above site where you can access online five of the EBPs that are endorsed by SAMHSA.

- **http://www.nri-inc.org/aboutus/mission.cfm**

The Community Support Programs (CSP) Branch within SAMHSA has a long tradition of helping the nation identify and use evidence-based mental health practices including treatments, organizational structures, and programs that work. One of the research centers they have funded is the National Association of State Mental Health Program Directors Research Institute (NRI). You can access information on their website of projects, reports, conferences, etc. They also partner with Essential Learning for online education.

- **http://mentalhealth.samhsa.gov/**

This is the Substance Abuse and Mental Health Services Administration (SAMHSA) information center that will keep you abreast of the latest news within the mental health field.

- **http://www.psychservices.psychiatryonline.org/cgi/reprint/57/3/302**

Did you ever wonder who determines what is best practice? Have you developed in your community some outstanding programs that you believe represent best practice? If so, how do you disseminate it? In this article, Johnson & Johnson team up with Dartmouth to address this very issue, what is the best practice to disseminate a best practice? The team clearly advises a private-public-academic collaboration. We can't do it alone.

- **http://www.tecathsri.org/index.asp**

Can this help? The mission of the Evaluation Center@HSRI is to provide technical assistance to mental health system stakeholders including, but not limited to states, providers, consumers, and evaluators for improving the planning, implementation, and operation of adult mental health services.

- **http://www.macmhb.org/**

And don't forget your own "Board Blog!" To access the blog, just click on "CMH Board Blog" in the center of the red/orange box in the middle of the home page.

To All CMHSP Board Members

Michael J. Head, Director

Mental Health and Substance Abuse Administration, Michigan Department of Community Health

www.michigan.gov/mdch (click on "mental health and substance abuse")

I appreciate this opportunity to communicate directly with all of you who serve as board members of our CMHSPs throughout the State of Michigan. I, along with approximately eighty staff at the Mental Health and Substance Abuse Administration in Lansing, manage contracts with, provide technical assistance and consultation to, and monitor the quality of care provided by your CMHSPs as well as the substance abuse coordinating agencies (CAs). We are also responsible for establishing the policy directions and standards for the statewide system. As members of local governing boards, you share that responsibility for setting policies and standards in your local communities. It is important that we maintain lines of communication so we can work together effectively for the benefit of all individuals who need our supports and services.

I addressed your Directors' Forum early in my tenure as Deputy Director, as well as a plenary during your Spring Conference in Dearborn. If you were unable to attend that plenary session, I encourage you to visit the MACMHB.org site where the Power Point slides are posted: *http://www.macmhb.org/Spring_Conference/KeyIssuesUpdate.pdf*. You will find there a presentation of the "MDCH Perspective" followed by my understanding of our relationship to your local CMHSP. (MDCH/CMHSP Relationship-slide 5). Further on are topics which I hope are helpful for governance board discussion such as "Recommitment and Renewal," "Confronting the Bottom Line," "Finding Our Way," "What We Believe," and "Practice Improvement." These are the policy issues we need to be addressing as we seek to continually improve the quality of services we have become noted for in the State of Michigan.

On August 12, we distributed a final version of our Concept Paper outlining priority issues that will be the focus of the planned Application for Renewal and Recommitment (ARR). The purpose of this paper is to reinvigorate the public mental health system's commitment to its core concepts and values. We intend to issue the ARR for review and response by each of the 18 PIHPs in order to assure that each PIHP is able to communicate with MDCH its status with respect to the issue areas and to provide its plans for the next steps for further evolution of PIHP performance toward achieving the important goals enumerated in the ARR. The ARR responses will be evaluated by Mental Health Administration staff, with content aiding our renewal application for the 1919(b) managed care waiver going to the Centers for Medicare and Medicaid services in the summer of 2009. Results for each PIHP will form the basis for contracts with PIHPs for the 2010 fiscal year. Success with completing the ARR and with achieving improved outcomes for consumers of our public mental health system will depend on your efforts to engage the individuals in your communities who are primary and secondary beneficiaries of our supports and services so we can build the partnerships that are essential to the values of recovery and resiliency, and assure quality for those requiring the most intensive levels of support and treatment.

It is my goal to maintain contact with CMHSP boards through visits to local CMHSPs and through regular meetings with MACMHB. We welcome your individual thoughts and suggestions. I may be contacted by e-mail at: head@michigan.gov.

Together, may we realize our vision and mission. ■

Really Looking Closer: An Anti-Stigma Initiative

Margaret Keyes-Howard, M.A., Community Education Manager, Detroit-Wayne County Community Mental Health Agency

Undoubtedly there is no debate whether or not there is a prevailing need to address stigma related to people with mental illness, how the impact of this form of discrimination contributes to the economic poverty and the social isolation of many consumers, and more often contributes to people not seeking treatment at all. However, some of us may be less willing to acknowledge some of our own traditional practices that may–albeit unintentional–still possess characteristics of bias and discrimination against the people we serve. How often has the mental health professional (our ambassadors, board members and associates) used the connotation of "them" or "the consumer" in a less than positive way; communicating negativity and/or dislike? How typical might there be other sayings or nuances occurring on the very site in which consumers are served– signs that scream discrimination, including rest room facilities labeled for staff only, using the term crazy and or taking on the practice of readily pointing out the frailties and challenges that make people with mental disorders feel uncomfortable? One may easily say that doesn't happen here, or "we don't do that," but the voices of consumers say it happens, it is happening, and it's coming from environments which are supposed to support them.

On March 25th, 2008, Detroit-Wayne hosted a state-wide conference which launched an approved message developed by members of the PR committee of MACMHB (in collaboration with MDCH). The message is "Look Closer...See Me For Who I

[see "Looking Closer" page 8]

Training Board Members in Evidence-Based Practices: *Risky or Value-Added?*

Diane Davison, Board Chair
Washtenaw Community Health Organization

The strongest value of our board is being mission-focused. The mission of the Washtenaw Community Health Organization (WCHO) is "to provide continuous leadership for the development and implementation of unique, effective models of integrated (mental health, substance abuse, physical health) health care that create medical homes for insured and non-insured consumers; to disseminate learnings to the consuming public and to continue to be a catalyst for change in our local, state and national community."

The WCHO Board measures every decision it makes against its mission to assure that we stay on track in all areas of our work. In order for us to truly be catalysts for change, board members are often given the opportunity to participate in trainings on Evidence-Based Practices (EBPs). I have had the opportunity to participate in two trainings in my years on the Board and feel that it has made me a more knowledgeable, informed and committed member.

Several years ago, I participated along with staff members in a two-day training on the McFarlane Family Psycho-Educational Group method of case management for clients with a diagnosis of schizophrenia. I continued to meet regularly with the team leaders and researchers for the next year as the methodology was refined with help from Dr. McFarlane. I learned so much during that year: insights into how the Board can better support families, a stronger understanding of how peers can provide help to one another, and a much clearer vision for how we could provide powerful hope for recovery for our consumers.

Undoubtedly, this training was a turning point for me as a board member. I gained new perspectives on the cost-effectiveness of utilizing this method of treatment, but more importantly, I came to realize that maintaining a consumer-focus in all our work was key to realizing our mission.

I also participated in the Minkhoff Co-occurring Disorders training. For several years, I had been frustrated by funding streams that seemed to ignore the current research about the relationship between mental health and substance abuse. From a practical standpoint, it seemed much more cost-effective to treat clients in an integrated setting. Again, as a board member, because of the training, I learned invaluable information that helped me to make decisions and ask questions that clarified what our role should be in taking a leadership stance on this critical issue.

I urge all boards and directors to take part in as many trainings and workshops as they can. In my opinion, and from personal experience, more information and learning can truly improve a board's ability to make decisions and to discuss openly and freely their concerns and questions about what is best for their consumers. Far from being micro-management, this kind of informed discussion greatly helps a board to set policies in place that drive their mission forward. ■

What Goes Around Comes Around In Children's Services

Mac Miller, Executive Director,
Livingston County Community Mental Health Authority

Children's services in Livingston County used to be the same way I imagine they still are in many communities in the state. Each public child serving agency (i.e. CMH, DHS, Juvenile Court, Special Education) served children under their own treatment plans with their own separate goals in their own way, and operated in isolation from the other systems. Those goals and plans were often at cross purposes with one another. This was very confusing for families who were involved with more than one system, and became down right embarrassing when these contradictions were exposed in the course of a court hearing or some other public review of why the services which had been provided hadn't worked.

This embarrassment quickly turned to anger and resentment and each of the agencies talked trash about the others for their "failure to collaborate." In fact there is a story told in our county about a time when the DSS director saw the Juvenile Court judge coming down the street towards him, and crossed the street so he would not have to share a sidewalk with the judge. CMH was not immune to this practice. What we sent out were messages of suspicion, distrust and resentment; what came back to us was more of the same. None of this worked well for the children and families we were supposed to serve.

We decided to make a change. Through our county Collaborative Body we prioritized the improvement of services to children, particularly those at imminent risk of, or in out-of-home placement. These children in particular were those we felt that we had failed to serve adequately because of our disarray. We pulled together the key local directors of child serving agencies and asked them to envision a better future for our community where children and families could gain access to services and resources as needed no matter which public organization controlled them. Instead of playing hot potato with the responsibility and cost of difficult child and family situations by defining them away as someone else's responsibility, we developed the concept of a *community child*. This is a child who has the service eligibility characteristics of many public agencies. We agreed that we all have a duty to serve these children and it makes sense to do that together. This required the directors to check their egos at the door and to consider how best to rearrange services and funding to meet the needs of these children and families. Wraparound was selected as the service planning method to create a single community plan of service for these children, and a shared governance structure was created to oversee and manage the services and funding which were jointly provided.

As a community we began to send out new and more positive messages to one another, messages like "we're a team," "we're all in this together," "none of us can be successful alone and it takes the talents and resources of all of us," and finally "darn, don't we do good work!" By promoting the concept of teamwork and joint success, rivalry and resentment were reduced and pride in a job well done was increased. What goes around comes around. If you don't like what's coming back to you, you might ask yourself what message you're sending. ■

Challenge Stigma!

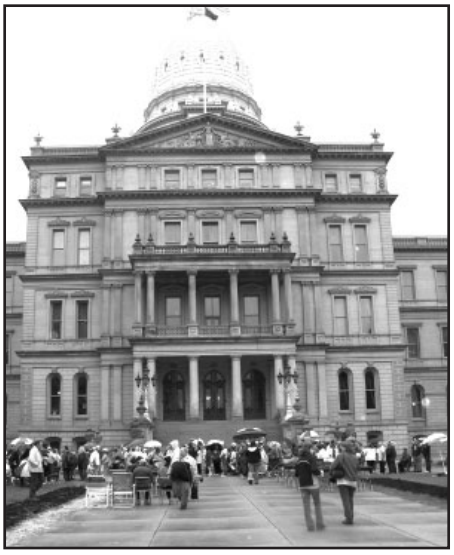
Rich Casteels

Rich Casteels is the Associate Director for Behavioral Health Services at The Guidance Center, and the Project Director for the Michigan Recovery Center of Excellence. He is also working with Dr. Steven Genden to provide technical assistance and support to a group called IMAGINe. *IMAGINe stands for "I May Achieve Greater Independence Now!" Reprinted here is a portion of a speech Rich gave last May (Mental Health Month). Images are from the May 14, 2008* Walk a Mile in My Shoes Rally in Lansing.

I am here to challenge you to challenge stigma.

I should say that I would not be here today if many of the people in this room and others had not challenged my thinking about mental illness and recovery. I want to express my sincere thanks to those people who have taken a leap of faith to share their stories of recovery with me and trusted that I would honor those stories and treat them with care. Thank you for questioning things I have said and things I have done. Thank you for forgiving my mistakes and believing in the spirit of my intentions. Thank you for your patience with me. Thank you for believing that I, too, can change. You have helped me become a better person. Thank you for helping me see the strengths in you, and strengthening my belief in resiliency and the power of the human spirit. Thank you for reminding me every day to take my responsibilities as a leader seriously. Thank you for allowing me to challenge you. You can expect that I will continue to challenge you, and I hope you will continue to challenge me because, like you, I want to continue to stretch and grow.

If you are a person who is living with mental illness, I challenge you to build a community of support around you. I challenge you to communicate your hopes and dreams to the people you trust. Help others understand what it is like for you to live with mental illness, because you alone are the expert of your experience. Expect respect and promote understanding. Expect more of the people who are responsible to provide you care and support. Challenge the low expectations others may have for you. Help them see that you are ready, willing and able to live a full and meaningful life. When they support you to become all you can be, acknowledge their efforts.



Most importantly, I challenge you to challenge yourself. Expect more of yourself and more of your life. Strive to be something more than a good mental health consumer. Create a clear vision of the kind of life you want to live. Challenge the negative self talk and the internal stigma that gets in your way. Establish a pathway to recovery and start walking. If you get distracted or take a wrong turn, find your way back. If you stumble, get back on your feet. Make friends along your path to recovery. Teach people what recovery means to you. Be a model of personal empowerment and peer support. Help others learn to help themselves. Try something new. Get involved in your community. You have the right and the responsibility to participate. If you get tired, take a rest. When you wake up, start your day with purpose. Keep your eyes on the horizon and keep on stepping along your unique path to recovery.

If you are a person who provides services or support to people with mental illness, whether you are a family member, friend, Peer Support Specialist or another provider, I challenge you to see every person as an individual. Look closer. Listen more patiently. Look for strengths where others see disability. Take a personal inventory on a regular basis to determine whether you may be stigmatizing yourself or others you care about. Be a model of hope. Help individuals and families create a vision for a better life. Promote consumer involvement and peer support at every opportunity. Help build strong and diverse communities. Demonstrate your faith that people can and do recover. Look for inspiration in the people you work with every day.

Inspiration is all around you.When people in recovery take the bold step to speak publicly about mental illness and share their stories of recovery (at meetings, events or in the media), I am inspired.

At the end of the song *Imagine,* John Lennon sings, "You may say I'm a dreamer, but I'm not the only one. I hope one day you will join us, and the world will live as one." Well, I'm a dreamer too, and I won't apologize for that.

I challenge you to imagine. Imagine how the world could be different for people with mental illness and the people who support them. Imagine how we, together, can impact the experience of future generations of children and adults with mental illness by helping to reduce or remove stigma. ■

Dave LaLumia (continued)

source of amazement every day of my twenty-seven plus years. It is essential that this high level of participation, a trade mark of MACMHB, continues into the future.

"We took on many tough issues and had great success. The move to Medicaid in the mid 80s and the onset of Medicaid managed care in the 90s was a particularly successful time for our system. Some may not know that work on the first CMH Medicaid managed care waiver, implemented in 1998, began in 1990. We understood the national trend toward managed care within state Medicaid programs, and a team from MACMHB began to meet with our state Medicaid officials in January of 1990 to promote management of specialty services (mental health, developmental disabilities and substance use disorders) by the CMH network. We've been involved every two years in Medicaid waiver renewals. This year marks the ten year anniversary of our first Medicaid specialty services waiver. We have survived these challenges in a way which, I believe, is in the best interest of consumers of specialty services. I am proud of the accomplishments of our partnership in these areas.

"What I contributed to all of this on a personal level is a little more difficult for me to articulate. It is important to me that I not jump to conclusions or rush to judgment. The process of coming to consensus takes time, but it is time worth taking. I think I have been good at facilitating the process of reaching consensus. Patience is a virtue. Impatience results in bad decisions and a feeling of alienation on the part of members who don't feel that they have been heard. There has been some frustration over the years with the "process" that goes along with the Association. I say let's be patient with the process and make decisions that have the maximum possible buy in. The legislature adopts laws by 51% to 49% margins. Elections are won by even smaller majorities. That doesn't work in Associations. Consensus and unity take time. For me, putting up with a little process is a small price to pay when the result is knowing that we can now move forward with a position that is supported; that people are committed to and willing to fight for.

"Listening is also a virtue. I think I'm a good listener and you have to listen to ideas that are expressed. Members have good ideas about most issues, so I've learned to listen and learn. In an environment in which you constantly try and reach consensus, listening is an important skill. I think I've done that well over the years.

"People seem to like me, for whatever reason. That may be a gift I have or it may be a gift I have been given by all of you. Many of the thousands of individuals I have come to know over the years I consider friends for life. My years with MACMHB have been a sweet combination of personal and professional; of commitment to a cause. It has been a privilege to be a part of the community mental health movement in Michigan. I have the greatest respect for the commitment that all of you have for community mental health in your counties. I will always remember that and it will be an ongoing source of inspiration for me in whatever my future holds."

Tell us the story of how and why you became the administrator of our Association.

"During the course of my MSW studies, my second year field placement was with the House Fiscal Agency. This research agency advises the Michigan House of Representatives on each of the department budgets. My supervisor was Vic Weipert, the HFA analyst for the mental health budget. This experience convinced me that policy analysis was my primary area of interest. The legislator in charge of the House Appropriation Subcommittee on Mental Health was Representative Joe Snyder (D-St. Clair Shores). Over the summer of my internship, Joe was running in the democratic primary for a state senate seat. To make a long story short, Joe Snyder was elected and he hired me to be his administrative assistant as State Senator from the 26th District. His term began in 1975. Senator Snyder became chairperson of the Senate Appropriation Subcommittee on Mental Health. While working on the mental health budget during the four years of Joe's term, I got to know some of the community mental health advocates. Barbara Reader (Oakland) was president of MACMHB at the time. Ann White (Berrien) followed Barbara, and Bill McShane (St. Clair) and Saul Cooper (Washtenaw) were the leaders of the Michigan Association of CMH Directors. When Joe's term expired, I began to talk with the leadership of MACMHB about working part time for their association. The rest, of course, is history."

There have been many changes in the behavioral health environment during your tenure as CEO. What do you see as the greatest challenge our members are facing at this time?

"The greatest challenge is to keep the system from losing its collective focus and becoming fragmented. The interests of our members aren't as homogeneous as they used to be in the 1980s and 1990s. There are significant differences in size, ways of doing business, and funding levels. You can be an independent authority or an agency of county government. You can be a CMHSP, PIHP, CA, or all of the above. So, it's not surprising that there have been significant differences of opinion among the members on important issues. We should expect differences of opinion among members to continue to challenge the Association and threaten its ability to remain unified and speak with a single voice. It is not in our collective best interest, however, to permit fragmentation to take place.

"It is the primary job of a CMH board to look after the interest of their local program. To do that, our members retain their own counsel and consultants. Some have retained their own lobbyists. I've never had any problem with any of that as long as everyone realizes the important value of having a collective presence. Losing our collective presence and our ability to speak with one voice would be more than a challenge. It would be a disaster. We've all heard about the divide and conquer strategy. Most of us have seen it in action. Divide and conquer is exactly what will happen if MACMHB is not able to remain unified.

"It is not uncommon in Lansing for a trade association, industry or profession to disagree or lack a consistent internal position on an issue. The legislature does not get involved in helping groups sort out their internal issues. They simply say come back when you agree on what should be done. So, our greatest challenge is to remain together. It doesn't mean there won't be disagreements. It does mean that disagreement be carefully assessed. It means that all opinions must be heard and that the reasons for a decision or position on an issue must be carefully communicated. And it means that members understand that their opinion might not always prevail. While minority opinions should always be expressed internally, our public posture must be one of consensus."

Boards who believe they suffer by decisions or positions the Association has taken have been critical of undue influence by "insiders." How do you believe we should address these concerns?

"From time to time over the years, we've heard comments from members that the Association is run by a group of insiders. That is probably more perception than reality. The reason for that perception may be that the officers and steering committee of MACMHB play a significant role in conducting the business of the group. The officers and standing committee co-chairs–who make up the steering committee–meet monthly and take care of business between meetings of the executive board. That group has traditionally controlled the way the Association does business and how issues are managed. Over the past decade or so, the MACMHB leadership has taken some steps to address this perception. The by laws now impose six-year term limits for standing committee co-chairpersons. Leadership has made more of an effort to schedule business for the full executive board rather than the steering committee whenever possible. It is important that new directors and board members step up and get involved. It is tough to recruit new blood. It takes time and it is not easy. It is essential, however, that this continue to take place.

I would hope that board members reading this issue of *Connections* consider getting more involved. If you think you might be interested, approach one of the executive board members for more information. My experience has been that those who get involved not only contribute to MACMHB, they also learn things that are valuable to them as members of their local CMH board."

Now that you are leaving your post, you are free to propose a grand agenda. What is your vision of what the Association should look like ten years from now?

"The grand agenda I envision focuses on the role of our members in the future. We are seeing the beginning of the push toward integrated care. We will become more closely integrated with substance use disorders and primary care than we are today. Another round of health care reform is in our immediate future. We have done a pretty good job of making the case that behavioral health is an integral part of health care. The Surgeon General gave us a little help with that in 1999. So, whatever changes are made in health care in Michigan or nationally will have a significant impact on our members.

"The strong trends we have seen in recovery, choice, person centered care and self determination are going to be integral parts of our future. The years ahead will be a test of our preparedness, as a system, for major change. Will our political strength be sufficient to protect consumers and our system? Are the relationships we have with our health care partners–including DCH–going to facilitate our future, or will there be another hostile takeover attempt? Will the system strengthen its ability to speak with a single voice? A period of major change is not a good time to be divided internally. I believe that the system will meet these challenges, and I'm optimistic about the future. The system is strong. Its value is demonstrated every day. The Association will continue to be an important partner in making all of this work for consumers." ■

Leadership and Governance Training Update

Bob Chadwick, Training Coordinator

In addition to live workshops at each of the MACMHB conferences–Fall, Winter, and Spring– ***BoardWorks 2.0*** is now available to you via e-learning and DVD. We have offered two rounds of the Conference Presentation Series at our conferences and will be starting round three at our 2008 Fall Conference. However, your Association recognized early in this process that not all CMHSP board members are able to attend all of our conferences. We know that every board member wants to be the best and most informed representative of their community that they can be. With this in mind, we began development of our e-learning site. We also recognized that not every board member is a "techie," so we are now offering the Conference Presentation Series on DVD. We will be sending specific information on how to access these services in the very near future. Start checking your e-mail, snail mail and contacting you CEO for more information. Remember, you now have three ways to become certified in BoardWorks 2.0, so no excuses, it's time to get certified. The people you represent are counting on you!

"OK," you ask, "I've completed the Conference Presentation Series and am certified in BoardWorks 2.0. What else do you have for me?" Good question: How about post-graduate workshops? We all know that education and knowledge is a never-ending process. MACMHB is continually developing new workshops specific to board member needs. At the Spring Conference we offered a new course on finance for board members. At the Fall Conference, we will be offering a course on sexual harassment in the workplace for board members and staff. Future topics under consideration include working with your state and federally elected officials, conflict of interest, and the need and use of lobbyists.

Here is where we need your help. If you have a topic you would like to see us address, please contact me via e-mail at rchadwick@macmhb.org, or at the MACMHB office 517-374-6846.

"Look Closer" continued from page 3

Am." The intent was to create a state-wide single message that would be capable of customization to help build local anti-stigma initiatives. We believe this message is powerful and will help in an enormous way to engage the public on stigma busting and education. But I think it would do us all good to take heed of the message ourselves: look closer–and do some introspection. If we are saying that stigma is wrong, it should be erased, stomped out, eradicated or reduced. If we really intend to campaign with vigor, we should first examine ourselves and our agencies. We need to take a closer look to determine that we have truly committed our resources, lives, actions, sayings, policies and practices to reflect full implementation of supported environments truly free of discrimination against people with mental illness. This is not window dressing preparation that merely implements an anti-stigma initiative. It requires continuous action, forethought, education and support to help to foster a continuum that moves from rejection to acceptance, assurances that misconceptions about people with mental illness are fundamentally absolved, and opportunities are thereby created for them. A milestone indeed. Imperative, however, to the rights, dignity and respect that every human being deserves. ■

click back.

Got something to say? Send it to us. You might get published! And please, tell us what you think about YOUR newsletter–only you can make it better!

Email feedback, questions, submission ideas to:
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MACMHB

Fall Conference

October 13-14, 2008

Grand Traverse Resort & Spa

"Look Closer...See Me for Who I Am"

Featured presentations/plenaries:

"Stomp Out Stigma"
James Fortune, Malkia Maisha Newman and Margaret Thele, Community Network Services

"My Life on the Upside with Down Syndrome"
Annie Forts, The Annie Forts "UP" Syndrome Fund, Inc.

"Department of Community Health Key Issues Update"
Michael Head, Director
Mental Health & Substance Abuse Administration, Department of Community Health

"Shame, Blame and Stigma: Anti-Recovery Behaviors Among Mental Health Professionals"
Thomas Harding, MD, Medical Director
Milwaukee Behavioral Health Division

"Mental Health & Public Policy–How to Bring About Meaningful Change in Treatment Policies and Practice"
Charles Ingoglia, MSW, Vice President for Public Policy
National Council for Community Behavioral Healthcare

visit www.macmhb.org for complete conference information

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